

**SUBRECIPIENT APPLICATION & INFORMATIONAL
MATERIAL**

FOR

DANBURY, CT

2021

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

Mayor Joseph M. Cavo

*David W. St. Hilaire
Director of Finance*

July 28, 2021

CITY OF DANBURY
SUBRECIPIENT APPLICATION FORM 2021 CDBG PROGRAM YEAR

APPLICATIONS NEED TO BE AS COMPLETE AS POSSIBLE WITH ALL SUPPORTING DOCUMENTATION ATTACHED. **AN ORIGINAL AND TWO (2) COPIES** NEED TO BE SUBMITTED. ALL APPLICATIONS MUST BE SIGNED AND DATED BY APPROPRIATE OFFICIAL.

THE FOLLOWING ITEMS MUST BE ADDRESSED/INCLUDED WITH YOUR APPLICATION:

√	Data	Description
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Project Summary	A brief project description including: <ul style="list-style-type: none"> • need or problem • describe CDBG eligible populations or persons to be served (be specific) • description of project • timetable (project to be completed no later than 7/31/22 and substantially expended by 6/30/22) • compliance with a CDBG eligibility/National Objective • proposed staffing and administrative capacity • a location map showing project/service site (see attached map; to be used in addition to location map provided by the applicant) • describe outcome measurement system to be used in detail • Explanation if plans/specs are required and how applicant will provide these to City for review on or prior to August 11, 2021.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Financial	Describe: <ul style="list-style-type: none"> • overall project budget • detailed CDBG budget request with monthly estimated cash needs by major project component (starting 8/01/21 – 7/31/22) • explanation of existing fiscal management system (reporting, records, accounting principles) • commitment of other sources of funding
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Agency Background	<ul style="list-style-type: none"> • years in operation • purpose • type of services provided • number/characteristics of clients served • license to operate • attach any brochures, pamphlets, agency description, etc.

<input type="checkbox"/> <input type="checkbox"/>	Personnel	Describe: <ul style="list-style-type: none"> proposed CDBG funded staff positions with job description(s) if any EEO policy/procedures (attach copy of current EEO policy statements or AA Plan)
	Audit Requirements	Organizations receiving \$25,000 or more in total federal financial assistance in a fiscal year <u>must</u> provide a copy of their most recent audit, \$500,000 or non-profit <u>must</u> provide A-133 audit. Organizations requesting any funds less than \$25,000 must submit a certified balance sheet and profit/loss statement.
<input type="checkbox"/> <input type="checkbox"/>	Insurance/Bond/ Worker's Compensation	Provide Certificate of Insurance for: <ul style="list-style-type: none"> Officers and Directors (O&D) Liability insurance, payroll taxes and worker's compensation
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Standard Organizational Documents for Submission	<ul style="list-style-type: none"> Articles of Incorporation/Bylaws IRS Non-profit determination letter List of Board of Directors Organizational Chart Financial Statement, including copy of most recent audit
	Conflict of Interest	Review the attached "Conflict of Interest" material from HUD and determine if your agency/organization has any potential conflict in receiving or administering these funds. If so, or if you have any questions, please notify the City's CDBG Administration immediately.
	Additional Information	Other pertinent information as requested in the application.

POLICY COMMITTEE USE ONLY: <input type="checkbox"/> Social Service <input type="checkbox"/> Other <input type="checkbox"/> Approved
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**Community Development Block Grant
Program
Subrecipient Application Form
2021 Program Year**

Please Type or Print Clearly

ORGANIZATION NAME

MAILING ADDRESS

CONTACT PERSON (NAME/TITLE)

TELEPHONE NUMBER

E-MAIL

FAX NUMBER

Type of Organization (check only one)

☐ Non-Profit

☐ Private

☐ Municipal (City)

☐ Other

Please
identify: _____

FUNDING INFORMATION:

Amount of 2021 CDBG Project Funding Requested: _____

Applicant's total Proposed CDBG Project Budget for 2021: _____

Project Name/Title: _____

Project Address/Location: _____

A. PROJECT SUMMARY

Please explain in detail how these funds will be utilized. If funding is requested for more than one project or activity, please submit each one as a separate application. Please be as clear and specific as possible. Lack of detail or clarity may hamper consideration of your request. Please include a proposed project timetable identifying major project elements and an estimate of monthly expenditures for the period August 1, 2021 through July 31, 2022. Provide a brief project schedule.

B. PROJECT/PROGRAM NEEDS

Please describe in one (1) page quantifiable and measurable terms, the needs your project will address:

Please indicate which of the following national objectives of the CDBG program the program/activity will meet:

(check only one)

- ☐ * Benefit to low and moderate income individuals of a limited clientele.
- ☐ * Benefit to low and moderate income families in general.
- ☐ * Benefit to low and moderate income housing stock.
- ☐ Elimination of slums and blight in a general area.
- ☐ Elimination of slums and blight on a spot basis.
- ☐ Elimination of slums and blight as part of an Urban Renewal Project.
- ☐ Addressing an urgent need for which other financial resources are not available.
 - * Current income limits based on household size are attached.

In one (1) page please, explain how the program/activity will meet at least one of the CDBG national objectives selected above and how you will document and maintain records to establish participant benefit and eligibility.

Please identify which neighborhoods, areas or populations of the City the program(s) or activity(ies) will be served, provide a clear location of the area proposed.

Please specify the location for the proposed program(s) or activity (ies) to be funded and attach a location map if appropriate:

☐ Specific Address(es)

-
- ☐ City-wide (only for projects that will serve all City residents)
- ☐ Specific Census Tract and/or Block Group Tract # _____
Block Group # _____

C. PROGRAM BENEFIT

1. In one (1) page, please clearly describe how the project will serve the population identified above and the number/ characteristics of the clients to be served by the proposed activity:

2. Social service activities are required to provide and document an outcome measurement system. Please provide the outcome measurement methodology you will use to quantify the accomplishments of your activity?

3. How will you verify and document that the people who will benefit from the program/activity meet the low and moderate income requirements as required by HUD?

(Income limits attached)

4. What is the purpose of the project (answer any applicable):

To help prevent homelessness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
To help the homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
To help those with HIV or AIDS?	<input type="checkbox"/> Yes <input type="checkbox"/> No

D. DEMOGRAPHIC DATA

HUD has modified the collection of race/ethnicity information required from grantees. HUD now requires the use of ten (10) racial categories and one ethnicity category that is spread across all of the race categories. Of the ten (10) new race categories, five (5) are for a single race:

- White
- Black/African American
- Asian
- American Indian/Alaskan Native

- Native Hawaiian/Other Pacific Islander

Five of the ten (10) new racial categories are for multi-race persons:

- American Indian/Alaskan Native & White
- Asian & White
- Black/African American & White
- American Indian/Alaskan Native & Black/African American
- Other/Multi-Race

“Hispanic” is now an ethnicity category that cuts across all races. Those who are White, Black, Asian, Pacific Islander, American Indian, or a Multi-Race may also be counted as being Hispanic if they report so.

Recipients of 2020 CDBG funds will be required to certify that they have reporting systems in place that will meet HUD requirements, and will provide that data to the City on a quarterly basis in the following format. If this data is available now, provide it with your Application otherwise provide an estimate of the participants’ ethnic and racial composition.

Racial Classifications	Total #	# Hispanic or Latino
1. White		
2. Black/African American		
3. Asian		
4. American Indian/Alaskan Native		
5. Native Hawaiian/Other Pacific Islander		
6. American Indian/Alaskan Native & White		
7. Asian & White		
8. Black/African American & White		
9. American Indian/Alaskan Native & Black/African American		
10. Other Multi-Racial		
Totals		

E. AGENCY BACKGROUND

Please describe existing Agency/organization, structure, staff size, years in operation, programmatic background, and include information on current or proposed activities relevant to your request.

Mission of Agency

Please attach a copy of any brochures, licenses, or permits needed to carry out project if applicable.

Describe Key Project Staff Positions and Qualifications:

Describe any proposed new positions to be funded with CDBG funds and attach job description.

Applicant's EEO Policy and Procedures: (attach EEO statement and Affirmative Action Plan of Applicant)

AUDIT REQUIREMENTS

Organizations receiving \$25,000 or more in total federal financial assistance in a fiscal year must provide an audit. Please attach your most recent audit if this applies. Subrecipients receiving \$500,000 or more of any Federal funds including CDBG in a fiscal year must submit an A-133 audit. Organizations requesting less than \$25,000 must submit a certified financial statement with their Application.

INSURANCE/BOND/WORKERS COMPENSATION

Submit:

	<u>Attached</u>
Officers and Directors insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pay payroll taxes and workers compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

STANDARD DOCUMENTATION FOR SUBMISSIONS

Please attach the following as appropriate for your Program:

- 1) Articles of Incorporation/Bylaws
- 2) Non-profit determination - Non-profit organizations must submit tax-exemption determination letters from the Federal Internal Revenue Service and State Department of Revenue Services.
- 3) List of Board of Directors - A list of the current Board of Directors or other governing body of the agency must be submitted. The list must include the name, telephone number, address, occupation or affiliation of each member, and must identify the principal officers of the governing body. Is the Applicant aware of any conflicts of interest or direct familiarity or business relationship with any officials, representatives or employees of the City? If so, please contact the Program Administrator for clarification.
- 4) Authorization to Request Funds - Documentation must be submitted of the governing body's authorization to submit the funding request and authorizing the designated representative. Documentation of the requirement consists of a copy of the minutes of the meeting in which the governing body's resolution, motion or other official action is recorded, and the individual authorized to submit the Application.
- 5) Organizational Chart - An organizational chart must be provided which describes the agency's administrative framework and staff positions, which indicates where the proposed project will fit into the organizational structure and which identifies any CDBG funded staff positions or shared responsibility.
- 6) Financial Statement - Describe the agency's current fiscal management system including disbursement methods, financial reporting, and record keeping.

F. ADDITIONAL INFORMATION

Please list the name of the person(s) who will be responsible for administration of the funds and compliance with CDBG Program Guidelines and Requirements during the course of your project.

Name

Telephone Number

Email

Is this person(s) familiar with the requirements of the CDBG Program? ☐ Yes ☐ No

If yes, please explain.

Will the Project/Activity be performed in cooperation with any program(s) sponsored by other agencies, non-profit or community organizations? ☐ Yes ☐ No

If yes, please explain.

Please include any additional information that may be helpful to the City in the space provided below or on a separate sheet of paper.

I certify that the information presented in this Application is true and correct to the best of my knowledge and belief and that I am the authorized representative to act on behalf of the Applicant.

Name and Title of Authorized Official

Date

Signature

An original and two (2) copies of your application must be received at the following address **no later than 3:00 PM, August 11th, 2021. Email submissions will also be accepted at cdbg@danbury-ct.gov** The same deadline applies to email submissions.

City of Danbury
Finance Department, 2nd Floor
155 Deer Hill Avenue
Danbury, CT 06810
(203) 797-4652

INCOME LIMITS – DANBURY

	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30% of Median	23,800	27,200	30,600	34,000	36,750	39,450	42,200	44,900
Very Low Income	39,700	45,350	51,000	56,650	61,200	65,750	70,250	74,800
Low- Income	52,850	60,400	67,950	75,500	81,550	87,600	93,650	99,700